

Case Number:	CM14-0081540		
Date Assigned:	07/18/2014	Date of Injury:	10/14/2013
Decision Date:	09/17/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47-year-old male who reported an injury on 10/14/2013. The mechanism of injury was not provided. On 03/25/2014 the injured worker presented with pain radiating down to the right arm, low back pain radiating to the right leg, and bilateral knee pain. Upon examination of the cervical spine, there was decreased range of motion and tenderness to the trapezius and paraspinals with a positive Spurling's bilaterally. Decreased strength and sensation 4/5 to the right C5, C6, C7, and C8. Examination of the lumbar spine revealed decreased range of motion with tenderness to palpation over the paraspinals bilaterally. There was a positive Kemp's and normal strength and sensation. Examination of the bilateral knees revealed decreased range of motion, tenderness to the medial joint line on the right. The diagnoses were head contusion, acute cervical strain/sprain, multilevel disc protrusion, bilateral knees sprain/strain, and right lower extremity radiculopathy. Her medication included Motrin, Prilosec, and Keratek gel. The provider recommended flurbiprofen/ranitidine 100/100 mg with a quantity of 60. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flurbiprofen/Ranitidine 100/100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: The California MTUS Guidelines state that all NSAIDs are associated with risk for cardiovascular events, including MI, stroke, or onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs the shortest duration of time consistent with the individual treatment goals. There is lack of evidence in the medical records provided of a complete and adequate pain assessment and efficacy of the prior use of the medication has not been provided. The injured worker has been prescribed NSAIDs since at least 12/2013. The efficacy of the medication has not been provided. Additionally, the frequency of the medication has not been provided in the request as submitted. As such, the request for Flurbiprofen/Ranitidine 100/100 mg #60 is not medically necessary and appropriate.